

DEPARTMENT OF HEALTH AND HUMAN SERVICES

INITIAL INTERVIEW AND INFORMAL EEO
COUNSELING REPORT

1. TO	2. FROM	3. DATE COUNSELING FIRST SOUGHT																																						
	ADMINISTRATIVE CODE:	4. DATE OF FIRST INTERVIEW																																						
5. IDENTIFICATION OF EMPLOYEE/APPLICANT		6. ORGANIZATION AND ADMINISTRATIVE CODE																																						
SSN: _____ ADMINISTRATIVE CODE: _____		7. SUPERVISOR																																						
8. IDENTIFICATION OF EMPLOYEE/APPLICANT		9. MATTER CAUSING COMPLAINT (Issue)--Select from the following and place one appropriate number in First, Second, or Third Spaces. Second and Third spaces (issues) not necessarily required.																																						
<div style="border: 1px solid black; padding: 2px; display: inline-block;">CHECK IF EMPLOYEE - ADMINISTRATIVE CODE:</div> 10. TYPE OF DISCRIMINATION (Basis) - Select from the following and place one appropriate number in First, Second, or Third spaces. Second and Third spaces (bases) not necessarily required. <table style="width: 100%; border: none;"><tr><td>(1) Age _____ Yrs.</td><td>(8) Sex--Female</td></tr><tr><td>(2) Color _____</td><td>(9) Sexual Harassment</td></tr><tr><td>(3) Mental Handicap</td><td>(10) Race--Black</td></tr><tr><td>(4) Physical Handicap</td><td>(11) Race--White</td></tr><tr><td>(5) National Origin--Hispanic</td><td>(12) Race--Other</td></tr><tr><td>(6) National Origin--Other</td><td>(13) Religion</td></tr><tr><td>(7) Sex--Male</td><td>(14) Retaliation/Reprisal</td></tr></table> <div style="margin-top: 10px;"><div style="display: flex; justify-content: space-between;"><div>First Basis _____</div><div>Second Basis _____</div><div>Third Basis _____</div></div></div>		(1) Age _____ Yrs.	(8) Sex--Female	(2) Color _____	(9) Sexual Harassment	(3) Mental Handicap	(10) Race--Black	(4) Physical Handicap	(11) Race--White	(5) National Origin--Hispanic	(12) Race--Other	(6) National Origin--Other	(13) Religion	(7) Sex--Male	(14) Retaliation/Reprisal	<table style="width: 100%; border: none;"><tr><td>(1) Assignment of Duties</td><td>(12) Reassignment</td></tr><tr><td>(2) Awards</td><td>(13) Reinstatement</td></tr><tr><td>(3) Conv to FT/CC</td><td>(14) Reprimand</td></tr><tr><td>(4) Duty Hours</td><td>(15) Retaliation/Reprisal</td></tr><tr><td>(5) Evaluation/Appraisal</td><td>(16) Retirement</td></tr><tr><td>(6) Examination/Test</td><td>(17) Separation</td></tr><tr><td>(7) Initial Appointment</td><td>(18) Sexual Harassment</td></tr><tr><td>(8) Pay</td><td>(19) Suspension</td></tr><tr><td>(9) Promotion</td><td>(20) Time/Leave Attendance</td></tr><tr><td>(10) Reasonable Accommodation (Handicap)</td><td>(21) Training</td></tr><tr><td>(11) Reasonable Accommodation (Religion)</td><td>(22) Work Conditions</td></tr><tr><td></td><td>(23) Other (Explain)</td></tr></table> <div style="margin-top: 10px; text-align: right;"><div style="display: flex; justify-content: space-between;"><div>First Issue _____</div><div>Second Issue _____</div><div>Third Issue _____</div></div></div>	(1) Assignment of Duties	(12) Reassignment	(2) Awards	(13) Reinstatement	(3) Conv to FT/CC	(14) Reprimand	(4) Duty Hours	(15) Retaliation/Reprisal	(5) Evaluation/Appraisal	(16) Retirement	(6) Examination/Test	(17) Separation	(7) Initial Appointment	(18) Sexual Harassment	(8) Pay	(19) Suspension	(9) Promotion	(20) Time/Leave Attendance	(10) Reasonable Accommodation (Handicap)	(21) Training	(11) Reasonable Accommodation (Religion)	(22) Work Conditions		(23) Other (Explain)
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11. DESCRIPTION OF COMPLAINT (Include specific allegation(s) with date(s) of occurrence. Indicate relief desired).																																								
12. HAS COMPLAINANT FILED A GRIEVANCE OR APPEALED TO THE MERIT SYSTEMS PROTECTION BOARD ON THE SAME MATTER? IF SO, WHAT DATE WAS THE GRIEVANCE OR APPEAL FILED, AND WHAT IS THE STATUS OF THE GRIEVANCE OR APPEAL?																																								
13. THE EMPLOYEE/APPLICANT:		<table style="margin: auto;"><tr><td>YES</td><td>NO</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																
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ELECTS TO HAVE A REPRESENTATIVE WISHES TO REMAIN ANONYMOUS IN THE INFORMAL STAGE OF THIS COMPLAINT																																								
14. AMOUNT OF COUNSELOR'S TIME (Hours)	15. COUNSELOR'S SIGNATURE	DATE																																						

Instructions for Completing the Initial Interview and Informal EEO Counseling Report

Complete this form during the initial interview. Give the employee/applicant one copy and forward the original to the EEO Manager where the matter for counseling arose. You may retain a copy which you will either destroy thirty (30) days after the date of this report or merge by attaching it to the original copy of the *Final EEO Counseling Report*, Form HHS 652, to be filed 21 calendar days after the date of this report. It is important that you retain no notes nor a copy of this report because retention will create a system of records, under the Privacy Act, which has not been published in the *Federal Register*.

The numbers below refer to the corresponding sections of the report:

1. Name, address and FTS telephone number of the EEO Manager for the organization where the matter(s) arose. No additional information is required.
2. Your name, address and FTS telephone number, and the administrative code of your work organization. No additional information is required.
3. Date complainant first sought counseling services.
4. Self-explanatory.
5. If employee: give name, title, series and grade; spell out name of employing organization including bureau, office, division, branch, etc. (i.e., do not use abbreviations), show the employee's employing organization's administrative code, and employee's Social Security Number (SSN).
If applicant: give name, home address, area code and telephone number, business address, area code (or FTS) and telephone number, and applicant's Social Security Number (SSN).
6. Spell out the name and address of the organization and unit where the matter(s) of concern arose. Show that organization's administrative code also.
7. If an employee: give his/her supervisor's name and address telephone number.
If an applicant: give name and business telephone number of selecting official.
8. Self-explanatory. However, if the representative is an attorney, show by using "Esquire", "Attorney", or words to similar effect. Give the representative's business address and business area code (or FTS) and telephone number. If an employee, check, and give administrative code of work organization.
9. Matters causing complaint may be multiple. Check appropriate box(es). NOTE: "Pay" includes overtime, within-grade increase, and merit pay, for example.
10. Alleged discrimination must be based on one or more bases.
11. Briefly describe the nature of the complaint and the general allegation(s); however, show the dates of occurrence. Show the employee/applicant's race, or religion, or impairment, or national origin, etc. as appropriate. State why the basis is believed to be disparate treatment or disparate impact. If the beginning of EEO counseling has been delayed more than 30 calendar days after the most recent occurrence, encourage employee/applicant to explain his/her delay, or you explain your delay if that is the case. If a basis other than one enumerated in block 10 is asserted, be sure your report covers your advice to the employee/applicant.
12. The EEO Counselor should try to determine whether the same matter has in fact been grieved or appealed. Your report should specifically cover any advice or counsel you provide on this subject.
13. Self-explanatory. Check appropriate box(es).
14. This should show only the interview time in most cases.
15. The Counselor must sign the report and submit it to the employee/applicant and to the EEO Manager for the organization where the matter(s) arose. The report should be prepared during the initial interview. When not, the date following the Counselor's signature is to be the date on which this report is actually prepared.

Notice of Rights

Informal precomplaint EEO counseling is voluntary. It is, however, a mandatory requirement for filing a formal EEO complaint. You have the right at every stage in the presentation of your complaint, including mandatory precomplaint EEO counseling, to be accompanied, represented, and advised by a representative of your own choosing. You, your representative, and your witnesses shall be free from restraint, intimidation, interference, coercion, discrimination, or reprisal in the presentation and processing of a complaint, including EEO counseling, or any time thereafter. If you have a representative, it is your responsibility to provide written notice of his/her name, address and business telephone; and it is also your responsibility to provide written notice of all changes in your representation.

If you do not receive EEO counseling beyond this initial interview, nothing more will be done than that which is reported to you today. Your copy of this form and one on file with the EEO Manager where your counseling matter(s) arose will be the only records of this activity. If you do receive further EEO counseling, you shall be notified in writing on or after the 21st calendar day after today if not before, regardless of the status of the matter(s) you raised or your satisfaction or dissatisfaction with the results of EEO counseling, that EEO counseling is terminated, of your right to file a formal complaint (or grievance if appropriate), of how and where to file, of the course your formal complaint will take, and of your further rights to hearing, decision, appeal, and right to file a civil action where applicable.

You have the right to remain anonymous during informal EEO counseling. Anonymity may unduly restrict the EEO Counselor in achieving information resolution of the counseling matter(s) you have raised. If you choose to remain anonymous, your name will appear only on this form and the Final *EEO Counseling Report*, Form HHS 652, of which only you and the EEO Manager where your counseling matter(s) arose will have a copy.

Notice to Members of Collective Bargaining Units

Members of collective bargaining units may be entitled to elect between filing a formal EEO complaint and filing a grievance. If the agreement with your union covers equal employment and discrimination matters, you may elect to file a formal EEO complaint of discrimination under 29 *CODE OF FEDERAL REGULATIONS* (CFR) Part 1613 or to file a grievance in writing, under your contract concerning a grievable matter. You may not do both. Whichever one you file first will constitute your election.

To exercise your election, you must obtain precomplaint EEO counseling just as you would in order to file a formal EEO complaint of discrimination. You cannot be denied precomplaint EEO counseling. Exercise of the election usually occurs within 15 calendar days after the close of EEO counseling. Thus, obtaining EEO counseling will not indicate your election of the EEO complaint process instead of the grievance process.

However, if the contract with your union allows, you may omit precomplaint EEO counseling and file your grievance in writing without EEO counseling; or, you may file your grievance in writing while EEO counseling is in progress. In either case, filing your grievance in writing will constitute your irrevocable election to give up the right to file an EEO complaint of discrimination on the same matter, whether or not you allege a protected discriminatory basis. The election to file a formal EEO complaint or grievance, as described, applies only to bargaining unit members; it does not apply to employees who must file grievances under 5 CFR Part 771 and who are not bargaining unit employees.

Right to File a Civil Action Under Age Discrimination in Employment Act (ADEA)

If you believe you have been subjected to prohibited age discrimination, you may file either a grievance if appropriate, an administrative complaint, or a civil action in the appropriate U.S. District Court. If you file an administrative complaint based on age alone, you must exhaust the administrative processing of your complaint before filing a civil action; and, the administrative processing and appeal cannot include attorney fees should you prevail. If you elect to file a civil action initially, you must, within 180 calendar days of the alleged discriminatory act, give the Equal Employment Opportunity Commission at least 30 calendar days prior notice of your intent to sue before filing the civil action. In either event, a civil action must be filed within six years of the occurrence of the alleged discriminatory act.

Right to Court-Appointed Attorney

If you elect to file a civil action under ADEA, Title VII, or the Rehabilitation Act, you may appeal to the U.S. District Court for appointment of an attorney to represent you in the court proceeding. The court may appoint an attorney to represent you and may permit commencement of the civil action without payment of fees, costs or security.

Privacy Act Notice

General

This information is provided pursuant to the Privacy Act of 1974 for individuals supplying information for inclusion in a system of records.

Authority

The authority to collect the information requested by the EEO Counselor is derived from one or more of the following:

42 USC 2000e; 29 USC 633a; PL 95-602 as amended; 5 USC 1303 and 1304; 5 CFR 5.2 and 5.3; 29 CFR 1613.213; and Executive Order 11478 as amended.

Purposes and Uses

The information supplied will be used to resolve the EEO counseling matter(s) you have raised during counseling. This information may be discussed with designated officers and employees of the Department in order to resolve the matters you have raised. If you file a formal EEO complaint, this form and all enclosures will be made part of your EEO complaint file and will be available to any person having a need to know its contents. Formal complaints are neither anonymous nor confidential. Whether or not you file a formal EEO complaint, this form and enclosures, if any, may be used in a depersonalized manner as a data base for program analysis, review, evaluation, and statistics. If you have not chosen anonymity and there is a need to disclose information from your EEO counseling report(s) for reasons other than those which have been cited or for reasons cited in the Privacy Act (5 USC 552 a (b)), your prior consent will be solicited.

Effects of Non-disclosure

Disclosure of the information sought is voluntary. However, since informal precomplaint EEO counseling is mandatory, failure to disclose information may result in rejection of the formal EEO complaint in whole or in part.